

***AFFIDAVIT OF TEMPORARY ABSENCE***

***DUE TO MILITARY DUTY***

I, \_\_\_\_\_, being first duly sworn, on oath,  
state:

I am temporarily leaving the State of Kansas on \_\_\_\_\_,  
for the purpose of Active Military Duty. I anticipate that I will return to Kansas on  
approximately \_\_\_\_\_. I will inform the  
Board of Governors of the Health Care Stabilization Fund of my military address and will  
notify the Board upon completion of my military assignment and upon my return to the  
State. I understand that to take advantage of this exemption I must return to the State of  
Kansas upon completion of active military duty, as intended by K.S.A. 40-3403(b)(1)(D).  
Should I fail to return to Kansas, I further understand I must remit to the Board the  
surcharge for tail coverage within 30 days of the expiration of my temporary exemption  
or my coverage will be voided.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Appointment expires: